



201501130061

Skagit County Auditor

\$76.00

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5 10:41AM

WHEN RECORDED RETURN TO:

ELDER LAW OFFICES OF BARRY M. MEYERS
2828 Northwest Avenue
Bellingham, WA 98225-2335

**AFFIDAVIT IN SUPPORT OF
COMMUNITY PROPERTY AGREEMENT**

REFERENCE NUMBER OF RELATED DOCUMENTS: 831282, 818187

PARCEL NUMBER: P21835 & P21837

ABBREVIATED LEGALS: S 330FT OF E 62FT OF W 326FT OF SE1/4 DK 1 SW1/4
SW1/4 EXC RD

RT#3-021-01 N 100FT OF S 330FT OF E 62F TDK 1 OF W 388FT OF SE1/4 SW1/4 SW1/4

(Additional Legals can be found on Page 2 & 3)

STATE OF WASHINGTON)

) ss.

COUNTY OF SKAGIT)

DORIS J. OZRETICH, being first duly sworn on oath, deposes and says:

1. DORIS J. OZRETICH, wife and JERRY P. OZRETICH, husband, through their married life conducted business and acquired property with variations of their legal names. DORIS J. OZRETICH has used DORIS J. OZRETICH, DORIS OZRETICH and DORIS JO OZRETICH. JERRY PATRICK OZRETICH acquired property as J. PATRICK OZRETICH and JERRY PATRICK OZRETICH. He also conducted business using PAT OZRETICH, PATRICK OZRETICH and JERRY PAT OZRETICH.

Page 1 Elder Law Offices of Barry M. Meyers
2828 Northwest Avenue
Bellingham, WA 98225
Phone: (360) 647-8846
Fax: (360) 647-8854

2. This Affidavit is for the purpose of supplying information for record pertaining to the Community Property Agreement executed by DORIS J. OZRETICH and JERRY P. OZRETICH, (A/K/A J. PATRICK OZRETICH) husband and wife, dated January 5, 1983. The Community Property Agreement is being recorded simultaneously with this Affidavit and also for the Estate of JERRY P. OZRETICH, deceased, one of the parties to said Agreement. It is intended that the statements set forth herein shall be considered representations of fact which may be relied upon by all parties.

3. JERRY P. OZRETICH died on October 6, 2014, in Snohomish County, Washington, and was at the time of his death a resident of Skagit County, Washington. (See Certified Copy of the Death Certificate Attached Hereto)

4. The parties to the Community Property Agreement entered into no subsequent Wills or Agreements which would have the effect of abrogating or nullifying the above mentioned Community Property Agreement.

5. The decedent left no separate estate.

6. Among other items of community property is the real property commonly known as:

Parcel No. P21835

Address: 17165 Dunbar Road, Mount Vernon, Washington, and legally described as follows:

THE SOUTH 330 FEET OF THE EAST 62 FEET OF THE WEST 326 FEET OF THE SOUTHEAST QUARTER OF THE SOUTHWEST QUARTER OF THE SOUTHWEST QUARTER OF SECTION THIRTEEN (13), TOWNSHIP THIRTY-FOUR (34) NORTH, RANGE THREE (3) EAST OF THE WILLAMETTE MERIDIAN, EXCEPT ROAD RIGHT OF WAY ALONG THE SOUTH LINE THEREOF.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

Parcel No. P21837

Address: Undeveloped land in Mount Vernon, Washington

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THE NORTH 100 FEET OF THE SOUTH 330 FEET OF THE EAST 62 FEET IF THE
WEST 388 FEET OF THE SOUTHEAST ¼ OF THE SOUTHWEST ¼ OF THE
SOUTHWEST ¼ OF SECTION 13, TOWNSHIP 34 NORTH, RANGE 3 EAST OF W.M.

7. All obligations of the community owing at the date of death of decedent have been paid in full or provided for, and all expenses of last illness and for funeral and burial services have been paid or provided for.

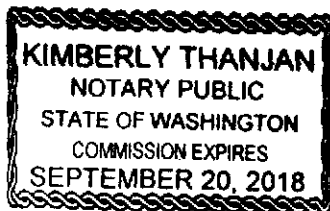
8. The decedent is survived by his spouse, DORIS J. OZRETICH, who resides at 17165 Dunbar Rd. Mount Vernon, WA 98273


9. No inheritance tax or estate tax is due to either the State of Washington or to the United States.

Dated this 13th day of January, 2015


DORIS J. OZRETICH

Subscribed and sworn before me on January 13, 2015 by DORIS J. OZRETICH.




KIMBERLY THANJAN
Notary Public in and for the
State of Washington
Residing in Bellingham
My commission expires: 09/20/18

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2014-022975

LOCAL FILE NUMBER: 3494

DATE ISSUED: 01/12/2015

FEE NUMBER: 0000000029

GIVEN NAMES: JERRY PAT
LAST NAME: OZRETICH

COUNTY OF DEATH: SNOHOMISH
DATE OF DEATH: OCTOBER 06, 2014

HOUR OF DEATH: 10:05 A.M.

SEX: MALE

AGE: 76 YEARS

SOCIAL SECURITY NUMBER: 536-34-7382

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: JULY 30, 1938
BIRTHPLACE: ANACORTES, SKAGIT CNTY, WASHINGTON

MARITAL STATUS: MARRIED
SPOUSE: DORIS RAY

OCCUPATION: DRIVER
INDUSTRY: BEER DISTRIBUTOR
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES? NO

INFORMANT: DORIS OZRETICH
RELATIONSHIP: WIFE
ADDRESS: 17165 DUNBAR RD MOUNT VERNON WA 98273

PLACE OF DEATH: NURSING HOME / LONG TERM CARE FACILITY
FACILITY OR ADDRESS: EVERETT CARE CENTER
CITY, STATE, ZIP: EVERETT, WASHINGTON 98204

RESIDENCE STREET: 17165 DUNBAR RD
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
INSIDE CITY LIMITS? NO
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 54 YEARS

FATHER: JERRY OZRETICH
MOTHER: VALERIE MARIE McLAUGHLIN

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK
CITY, STATE: MOUNT VERNON, WA
DISPOSITION DATE: OCTOBER 18, 2014

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME
ADDRESS: PO BOX 398
CITY, STATE, ZIP: MOUNT VERNON WA 98273
FUNERAL DIRECTOR: KIRK S. DUFFY

CAUSE OF DEATH:

- A. ASPIRATION PNEUMONIA
INTERVAL: 1 WEEK
B. RESPIRATORY FAILURE (HYPERCAPNIA)
INTERVAL: 3 MONTHS
C. QUADRI-PARESIS
INTERVAL: 3 MONTHS
D. GUILLAIN-BARRE SYNDROME
INTERVAL: 3 MONTHS

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK?
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NAME

NUMBER(S): 2014066047
DATE(S): 12/01/2014



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MANNER OF DEATH: NATURAL
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: KENT SULLIVAN MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 1530 NORTH 115TH #107
CITY, STATE, ZIP: SEATTLE WA 98133
DATE SIGNED: OCTOBER 10, 2014



CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: 14SN5621
ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
KELLY CANNON
DATE RECEIVED: OCTOBER 13, 2014

DOH 01-003 (5/14)



Affidavit for Correction

This is a legal document. Complete in ink and do not alter.

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300
www.doh.wa.gov

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Use the section below for requesting any changes on the record

Record Type: <input checked="" type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution
--

1. Name on record:	2. Date of Event:	3. Place of Event:
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4. Father/Parent Full Birth Name	5. Mother/Parent Full Birth Name
----------------------------------	----------------------------------

The record is incorrect or incomplete as follows:

The record now shows:	The true fact is:
6.	7.
8.	9.
10.	11.
12.	13.

14. I represent the person as: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify)	Telephone Number:
--	-------------------

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

15. Signature:	16. Date:	17. Address:
(Printed Name)		

All vital records are registered as received. Most changes must be established by documentary proof submitted with the affidavit.

We do not accept a driver's license, Social Security card or hospital issued decorative birth certificate as documentary proof.

Examples of acceptable documentary proof:	Birth Record	Full Numident Report (Social Security Administration)	School Transcripts (Official)
	Certificate of Naturalization	Marriage/Divorce Record	Alien Registration (front and back)
	Military Record (DD-214)	Life Insurance Policy	Hospital/Medical Record
	Passport		

Birth Certificates

- Only a parent, legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M. A. Doe does not prove the name is Mary Ann Doe.
- Child under 18
 - Guardian must submit certified court order giving them authority to act on behalf of child(ren).
 - Up to age one, the last name of the child can be changed once, to the mother/parent full birth name, father/parent full birth name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required.
 - Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed.
 - To correct parent's information, one documentary proof is required. Proof must be five (or more) years old or have been established within five years of birth.
 - To correct the sex of the child, submit one proof from a medical provider.
- Adult (18 years or older)
 - Only the adult themselves can change the birth certificate.
 - If the first or middle name is absent, three pieces of documentary proof are required.
 - If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required.
 - To correct parent's birth date, place of birth, or name, one documentary proof is required.
 - Proof must be five (or more) years old or have been established within five years of birth.
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment form DOH 422-032)

Death Certificates

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). Marital status requires a certified copy of a court order if someone other than the informant is requesting the change.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH 422-034 June 2014



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CERTIFIED*
JAN 12 2015
Howard Leibrand M.D. Health Officer

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